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THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

MAY TO BE DECLARED WOMEN'S HEALTH AWARENESS MONTH

- submitted by Gwen Mayes, JD, MMSc., Executive Director, Office of Women's Physical and Mental Health

Governor and Mrs. Patton, working with the Office of Women's Physical and Mental Health, will declare May 2001 as Women's Health Awareness Month throughout the Commonwealth. The newly formed women's health office has been a long-standing goal of Mrs. Patton and her commitment to women's health is exemplary. On a national level, May 13-19 has been declared Women's Health Week by the federal office on women's health.

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been declared Women's Health Week by the federal office on women's health.

In Kentucky, we want to emphasize awareness in our health messages this year because women are increasingly bombarded with health information from a variety of sources, yet much of it is unreliable or simply not applicable. We want women to pay more attention to their own lifestyle choices and their own family history of disease and illness, rather than the latest sound bite. Good healthy habits are universal and are reflected more in our dietary choices, exercise levels, and sense of emotional well being than what we purchase at the pharmacy.

Furthermore, women often put their own health needs last on a long list of others for whom they care for. Women need to be aware of the important screenings, exams and tests that are recommended at different stages of life, in order to maintain their own health along with others in their life.

The Office of Women's Physical and Mental Health opened in October 2000 following legislative action by the General Assembly in 1998. The mission of the office is to serve as a repository of data regarding women's health and to administer a Women's Health Resource Center. We are also actively involved in bringing important health messages to women at the local level. This year's message will stress the important signs and symptoms of heart disease in women.

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To spread the message that heart disease is the leading killer of women in Kentucky and the United States, we are co-sponsoring several events across the state to inform and educate women on this issue. Each event is open to the public. On May 19th, we are partnering with Ephraim McDowell Regional Medical Center in Danville, Kentucky to present the annual Women's Health Forum to be held at Centre College. This event will feature keynote speaker Vicki Lawrence using her trademark humor to discuss "Heart Disease and Menopause, What's Next Depends?" For more information call (800) 676-7068.

A second program will be held on May 24th in Madisonville, Kentucky in conjunction with the Trover Clinic and the West Area Health Education Center. This three hour evening event will also focus on heart disease and is entitled "Women: The Heart of the Family." Dr. Lynn Preston, cardiologist, will be the keynote speaker. For more information call (800) 357-8801.

The third community event will be held at Kings Daughters Regional Medical Center in Ashland, Kentucky on May 31st and will focus on hormone replacement therapy and the implications for cardiac disease in women. For more information call (606) 327-4921.

These events, in addition to a Women's Health Fair to be held on May 16th at the Cabinet for Health Services in Frankfort, are intended to reach women at the community

level with important health messages. We are also planning a variety of media events to increase awareness of women's health issues and arm women with the preventive tools they need to keep themselves and their families healthy.

If an event is scheduled in your area, I hope you will plan to attend and learn more about women's health in Kentucky. And this May, remind the women important to you in your life how much their good health means to you!

Central Office Comments

These are comments from Dr. Leach's April 9, 2001 DPH Staff meeting:

A lot has happened since the last time we met so I want to share the highlights of what I have heard.

Let me start with a review of the state revenue situation.

- The Courier-Journal reports today that the president proposes to cut funds for rural health and public health in the FY 2002 federal budget.
- The state General Fund is projecting a revenue short fall: business is down, sales tax revenues are down (Internet purchases but no sales tax), some loss of manufacturing jobs impacts income tax revenue, etc.
- State must follow the revenue plan in the 2000 General Assembly Budget Act and cannot go directly to the reserve fund.

- Medicaid is projecting a short fall for FY 2001, 2002, and maybe beyond.
- Lots of factors contributed to this: Rx costs, new clients, added long term care beds several years ago, discontinued provider tax, increased reimbursement rates, inflation
- There is a general sense that the state has found a way to cover the deficit for FY 2001
- Still, the problem looms large for FY 2002.
- CHS and Education Cabinets are exempted from 2-5% reduction this FY; however, total budget is \$6.6B (CHS is 1.0, education is 2.8, post secondary is 1.1, justice is 0.7, and Families and Children is 0.7) so that doesn't leave much money to cut from other cabinet budgets. As a result: some cabinets are facing a 15% cutback.
- Secretary Helton resigned.
- Commissioner Dennis Boyd returned to University of Louisville.
- Marcia Morgan is interim secretary of the Cabinet for Health Services.
- Kathy Kustra is the governor's special consultant on Medicaid. She has lots of experience in Medicaid in Illinois.
- Ellen Hesen is acting commissioner for Medicaid.
- Governor Patton, Secretary Crit Luallen, Chief of Staff Skipper Martin, and others are active participants in the Medicaid Management team.
- Governor Patton said that the state would manage Medicaid within the existing

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appropriation and that the actions required to bring it into balance could very well upset provider and advocacy groups.

Secretary Luallen addressed the Cabinet for Health Services executive staff on March 20, 2001. Here are some of her comments:

- Kentucky is one of 28 states facing significant funding problems in the Medicaid Program.
- Having the leadership of the administration directly involved in the Medicaid issue will prevent "double teaming" which she describes as advocates and lobbyists starting a request somewhere in the Medicaid department and working their way up the system to the governor. Sometimes this permitted the advocate to know more than the higher levels of the executive branch.
- The state will emphasize intergovernmental fund transfers as a way to maximize Medicaid Revenue and has hired two well-respected consultant groups to assist.
- She didn't predict prompt action to appoint a full-time Secretary.
- She was very complimentary of the work Secretary Helton and Commissioner Boyd had done trying to deal with a set of circumstances, many of which were "beyond our control."

Cabinet for Health Services Executive Staff Meeting, March 26, 2001

- We need to complete the items on the 1999 state audit—
 Carreer and Bolton
- We need to follow-up on 2000 budget items
 - Tobacco control
 - Early ChildhoodDevelopment
 - ASAP
 - Budget Bill
- We need to plan to implement 2001 bills
- We need to work on the High 3 retirement bill...start recruiting now...plan overlap 40 positions for later this summer.
- Travel budgets need to be filed by 5-1-01 and must be reduced—I set a 5% reduction target for DPH.
- There is a classification study to be done. Details will be forthcoming on its potential impact of DPH.
- Each Department and Office needs to submit its top 3 priorities in writing to CHS so we can work them off. For DPH those three priorities are:
 - Pills in local health departments
 - Certain accountability issues (IG reports, MOA's, cash management).
 - Replace the computer in Vital Statistics before it rolls over and takes its last breath.
- Office of Women's Health needs involvement in grant submissions to help promote these issues.
- Do it right the first time or documents will come back

from the secretary's office. Spelling, dates, budgets etc. etc.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT:

- Confidentiality
- Uniform coding
- Civil and Criminal Penalties

Strategic Planning:

- Work started in January.
- The plan will drive the Cabinet for Health Services budget submission for the General Assembly budget session in 2002
- Cabinet for Health Services
 CORE VALUES: Respect for
 self and others, Commitment
 to Excellence, Accountability
 for Actions, Encourage
 Innovation, and Service with
 Integrity
- Cabinet for Health Services VISION: Be the leader in promoting and achieving the Nation's Highest level of health and Wellness for All Kentuckians
- Cabinet for Health Services MISSION: The Cabinet for Health Services leads by assuring the health and wellness of all Kentuckians
- **GOALS**—In draft at this time
- **OBJECTIVES**—In draft at this time

DPH Plans:

- DPH is charged with the responsibility of leading public health so we will take the lead in setting priorities for the state and local health departments
- Local Health departments must be involved in planning

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- how to implement the programs to fit their individual circumstances.
- There are a number of fiscal and program accountability issues that need to be addressed. Various reports from the Inspector General and other sources have identified areas of weakness that need to be strengthened.
- We need to continue to focus on quantifiable objective results to be obtained as a result of spending funds. The neural tube defect, low birth weight, and early entry into prenatal care objectives for Early Childhood are examples.
- The Diabetes program has developed a plan for further reducing the complications of diabetes and has added an objective for slowing the increase in the number of diabetics. They are working on getting me the quantifiable measure that we can use as a target. Smoking, obesity, nutrition, and cardiovascular programs have a lot in common with this one.

So what does all of this mean for DPH?

- The Governor's Strategic Plan and the Cabinet for Health Services Strategic plan are consistent with the parts of state and local public health that are mandated. The same can be said for the parts of our program that are funded.
- The concepts of change and share, which have been part of the commissioner's vision for several years, are becoming more and more important.

- If one wants to improve the health status of Kentucky, it isn't likely to happen in the doctor's office or anyone else's office. 85% of us are well insured and 15% have no insurance. Unless everyone believes that the lion's share of the poor health status (smoking, emphysema, obesity, low birth weight, congenital defects, cancer, heart disease, stroke, etc.) is highly concentrated in that 15% of the population, then we have to conclude that 50+ vears of expanded fee for service, direct access, reparative services have failed to identify and reduce risks. We need to conclude that something else is needed and from my perspective that something else is outreach community oriented public health education and intervention programs. This is our bright future.
- It is likely that we will find that there are some things we do that others can do better, less expensively, or more easily so it is likely to assume that some of the things we have been doing will shift to other providers or disappear. This is our challenge.
- This department and our associates in the local health departments have demonstrated repeatedly that we are up to the challenge of change...we just take a while to engage. This situation is no different and we will get the job done.

Health Services Announces Enrollment Changes for Medicaid and KCHIP

The Cabinet for Health Services has announced, effective June 1, 2001, it will resume requiring wage documentation for individuals and families applying for Medicaid and the Kentucky Children's Health Insurance Program (KCHIP). The Cabinet will also resume the requirement that annual recertifications occur at the local office of the Department for Community Based Services, rather than through a mail-in process.

Both of these requirements were dropped in July 2000 in an effort to streamline the administration of eligibility determinations. The mail-in process for initial applications, first launched in July 1999 to encourage participation in the Medicaid and KCHIP programs, will not be changed.

"The initial mail-in application was a key component in our effort to enroll children for health coverage," said Kathy Kustra, special advisor to the Governor on Medicaid. "That method has been very successful, enrolling over 77,000 children; and we are not changing that for first-time applicants."

In order to promote growth in KCHIP, the Cabinet simplified enrollment further in July 2000. One action was to allow self-declaration of income, and a second was to allow re-enrollment by mail for both KCHIP and Medicaid.

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"The Cabinet began a pilot study to test the effect of those policies in Oct.," said Ms. Marcia R. Morgan, Interim Secretary of the Cabinet for Health Services.

"Unfortunately, the preliminary indications are that there could be people receiving services who are technically not eligible for them. Especially in light of the Medicaid budget imbalance, we must ensure that the program is serving the poorest and most vulnerable of our citizens, as it is meant to do."

The Executive Steering Committee on Medicaid, appointed in March by Governor Paul Patton to review the Medicaid program, concurred that the program should revert to the past policies of requiring income documentation and a faceto-face interview for re-enrollment for KCHIP or Medicaid.

Proof of income can include pay stubs or a written or verbal statement of an employer. To give proof of unearned income, the applicant can present bank statements or direct deposit slips.

"While we must ensure that KCHIP and Medicaid are administered properly, we will do everything in our power to see that eligible children have access to the program," said Morgan.

Families applying for KCHIP can check with their local Department for Community Based Services' office for more information when the changes take effect.

- excerpted from an April 26, 2001 statewide news release written by Gil Lawson, Office of Communications

PHPS Passages

Fire Departments Help With Fire Hazards During Recall Round-Up

Ten Kentucky fire departments are working with the U.S. Consumer Product Safety Commission and its annual "Recall Roundup" to rid homes of deadly fire hazards.

More than 3,000 people die and another 16,000 people are injured every year because of fires that start in homes in the U.S. These fires result in property losses of \$4 billion.

Each year, the commission sponsors a national campaign to discard hazardous and recalled products that may pose safety hazards. This year, fire departments will serve as collection sites for hazardous products such as old disposable cigarette lighters and frayed extension cords that could lead to deadly fires.

The Kentucky fire departments participating include:
Henderson, Bowling Green,
Richmond, Clark County,
Winchester, Covington,
Georgetown, Louisville, Murray and Franklin.

Here are some of the hazardous items that may be in consumers' homes:

- Cigarette lighters
 without child resistant
 mechanisms.
- Extension cords with frayed or cut insulation, undersize wire, loose connections, or improper grounding.

- ➤ Black & Decker Spacemaker Optima Toasters (Model T1000, sold from 1994 to 1996) These 234,000 were recalled because food can catch on fire.
- ➤ Kmart children's decorative lamps that pose a fire hazard. Kmart recalled 280,000 electric lamps sold from January 1993 through March 2000 because a short circuit poses a fire hazard.
- Old electric hair dryers without built-in shock protection devices in the plug can cause electrocution.

The commission has a toll-free phone line and a web site that provides information about recalled products. The hotline number is 800-638-2772. The web site address is:

http://www.cpsc.gov

- extracted from an April 17, 2001 statewide news release written by Gil Lawson, Office of Communications

Staff Spotlight

KY Public Health Leadership Institute Graduates:

The Barren River District Health Department (BRDHD) is proud to announce that Carol Speck, David Burton, Gina Reid, and Lynn Hulsey are recent graduates of the first Kentucky Public Health Leadership Institute (KPHLI). The graduates, employees of the BRDHD, were accepted for studies after submitting an application that involved a year-long commitment to the program and having a desire to facilitate change. The

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BRDHD's Director, Frank Brown, recommended and nominated the employees for acceptance into the program because all of them have the ability to get things done.

The employees entered the program as a scholar and worked with their mentor, Dr. David Dunn, Dean of the College of Health Sciences at Western Kentucky University. The scholars devoted approximately three to five hours per week to institute activities and attended leadership summits where they heard speakers talk about Public Health Leadership and its changing role.

Speck, Burton, Reid, and Hulsey, once scholars of KPHLI, can now serve as mentors to other scholars accepted for study into this institute.

- submitted by Cheryl Poe, Barren River District Health Department

Training Tidbits

RTC Training Courses – FY01

The Emory University Regional Training Center, Atlanta, GA, will provide fifteen (15) course offerings during fiscal year 2001 (July 1, 2000– June 30, 2001). All fifteen (15) offerings along with course content, dates, locations, and some registration forms have been emailed to District Training Contacts and LHD Administrators. Any LHD employee wishing to attend these offerings should contact their District Training Contact or LHD Administrator

Note: See attached schedule and list of *training contacts* on back of newsletter.

for course content and registration forms.

You may contact Ms. Sandy Williams with any other questions regarding RTC opportunities at 502-564-4990.

Video / Audio Tapes ALERT:

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to:
Sandy Williams, Editor
DPH – Training Branch
275 East Main St. HS1W-C
Frankfort, KY 40621
E-mail:
sandya.williams@mail.state.ky.us

sandya.williams@mail.state.ky.us 502-564-4990 502-564-4553 (FAX)